

CIGNA Dental Care**PATIENT CHARGE SCHEDULE (DC-06)**

Code	Procedure Description	Patient Charge
OFFICE VISIT FEE <i>(Per Patient, Per Office Visit in Addition to Any Other Applicable Patient Charges)</i>		
	Office Visit Fee	\$5.00
DIAGNOSTIC/PREVENTIVE		
D9310	Consultation (Normally Not the Same Dentist Who Provides the Treatment)	\$0.00
D9430	Office Visit for Observation – No Other Services Performed	\$0.00
D9450	Case Presentation, Detailed and Extensive Treatment Planning	\$0.00
D0120	Periodic Oral Evaluation	\$0.00
D0140	Limited Oral Evaluation – Problem Focused	\$0.00
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0.00
D0170	Re-evaluation – Problem Focused (Not Post-Operative Visit)	\$0.00
D0210	X-Rays – Complete Series (including bitewings) <i>(Limit 1 Every 3 Years)</i>	\$0.00
D0220	X-Rays Intraoral Periapical, First Film	\$0.00
D0230	X-Rays Intraoral Periapical, Each Additional Film	\$0.00
D0240	X-Rays Intraoral – Occlusal Film	\$0.00
D0270	X-Rays (Bitewing) – Single Film	\$0.00
D0272	X-Rays (Bitewings) – Two Films	\$0.00
D0274	X-Rays (Bitewings) – Four Films	\$0.00
D0277	X-Rays (Bitewings, Vertical) – 7 to 8 Films	\$0.00
D0330	X-Rays (Panoramic Film) – <i>(Limit 1 Every 3 Years)</i>	\$0.00

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D0460	Pulp Vitality Tests	\$10.00
D0470	Diagnostic Casts	\$0.00
D0472	Pathology Report – Gross Examination of Lesion	\$0.00
D0473	Pathology Report – Microscopic Examination of Lesion	\$0.00
D0474	Pathology Report – Microscopic Examination of Lesion and Area	\$0.00
D1110	Cleaning – Adult (<i>Limit 1 Every 6 Months</i>)	\$0.00
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)	\$0.00
D1120	Cleaning – Child (<i>Limit 1 Every 6 Months</i>)	\$0.00
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)	\$0.00
D1203	Topical Fluoride Application – Child (<i>Up to 19th Birthday</i>) (<i>Once in 6 Months</i>)	\$0.00
D1330	Oral Hygiene Instructions	\$0.00
D1351	Sealant – Per Tooth	\$0.00
D1510	Space Maintainer – Fixed Unilateral	\$40.00
D1515	Space Maintainer – Fixed Bilateral	\$40.00
RESTORATIVE (Fillings)		
D2140	Amalgam – One Surface, Primary or Permanent	\$12.00
D2150	Amalgam – Two Surfaces, Primary or Permanent	\$15.00
D2160	Amalgam – Three Surfaces, Primary or Permanent	\$15.00
D2161	Amalgam – Four or More Surfaces, Primary or Permanent	\$29.00
D2330	Resin-Based Composite – One Surface, Anterior	\$15.00
D2331	Resin-Based Composite – Two Surfaces, Anterior	\$15.00

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Code	Procedure Description	Patient Charge
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$15.00
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$29.00
D2390	Resin-Based Composite Crown, Anterior	\$50.00
D2391	Resin-Based Composite – One Surface, Posterior	\$30.00
D2392	Resin-Based Composite – Two Surfaces, Posterior	\$40.00
D2393	Resin-Based Composite – Three Surfaces, Posterior	\$40.00
D2394	Resin-Based Composite – Four or More Surfaces, Posterior	\$50.00

CROWN AND BRIDGE *All charges for crown and bridge are per unit (each replacement or supporting tooth equals one unit) – Replacement limit 1 every 5 years.*

D2510	Inlay – Metallic – One Surface	\$225.00
D2520	Inlay – Metallic – Two Surfaces	\$225.00
D2530	Inlay – Metallic – Three or More Surfaces	\$225.00
D2542	Onlay – Metallic – Two Surfaces	\$230.00
D2543	Onlay – Metallic – Three Surfaces	\$230.00
D2544	Onlay – Metallic – Four or More Surfaces	\$230.00
D2740	Crown – Porcelain/Ceramic Substrate	\$400.00
D2750	Crown – Porcelain Fused to High Noble Metal	\$270.00
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$240.00
D2752	Crown – Porcelain Fused to Noble Metal	\$260.00
D2780	Crown – 3/4 Cast High Noble Metal	\$270.00
D2781	Crown – 3/4 Cast Predominantly Base Metal	\$240.00
D2782	Crown – 3/4 Cast Noble Metal	\$260.00

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Code	Procedure Description	Patient Charge
D2790	Crown – Full Cast High Noble Metal	\$270.00
D2791	Crown – Full Cast Predominantly Base Metal	\$240.00
D2792	Crown – Full Cast Noble Metal	\$260.00
D2910	Recement Inlay, Onlay or Veneer	\$20.00
D2920	Recement Crown	\$20.00
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$50.00
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$50.00
D2932	Prefabricated Resin Crown	\$70.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$90.00
D2940	Sedative Filling	\$15.00
D2950	Core Buildup, Including Any Pins	\$110.00
D2951	Pin Retention – Per Tooth, In Addition to Restoration	\$25.00
D2952	Cast Post and Core, In Addition to Crown	\$110.00
D2954	Prefabricated Post and Core In Addition to Crown	\$110.00
D2960	Labial Veneer (Resin Laminate) – Chairside	\$75.00
D6210	Pontic – Cast High Noble Metal	\$200.00
D6211	Pontic – Cast Predominantly Base Metal	\$200.00
D6212	Pontic – Cast Noble Metal	\$200.00
D6240	Pontic – Porcelain Fused to High Noble Metal	\$200.00
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	\$200.00
D6242	Pontic – Porcelain Fused to Noble Metal	\$200.00
D6245	Pontic – Porcelain/Ceramic	\$400.00

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Code	Procedure Description	Patient Charge
D6602	Inlay – Cast High Noble Metal, Two Surfaces	\$225.00
D6603	Inlay – Cast High Noble Metal, Three or More Surfaces	\$225.00
D6604	Inlay – Cast Predominantly Base Metal, Two Surfaces	\$225.00
D6605	Inlay – Cast Predominantly Base Metal, Three or More Surfaces	\$225.00
D6606	Inlay – Cast Noble Metal, Two Surfaces	\$225.00
D6607	Inlay – Cast Noble Metal, Three or More Surfaces	\$225.00
D6610	Onlay – Cast High Noble Metal, Two Surfaces	\$230.00
D6611	Onlay – Cast High Noble Metal, Three or More Surfaces	\$230.00
D6612	Onlay – Cast Predominantly Base Metal, Two Surfaces	\$230.00
D6613	Onlay – Cast Predominantly Base Metal, Three or More Surfaces	\$230.00
D6614	Onlay – Cast Noble Metal, Two Surfaces	\$230.00
D6615	Onlay – Cast Noble Metal, Three or More Surfaces	\$230.00
D6740	Crown – Porcelain/Ceramic	\$400.00
D6750	Crown – Porcelain Fused to High Noble Metal	\$225.00
D6751	Crown – Porcelain Fused to Predominantly Base Metal	\$210.00
D6752	Crown – Porcelain Fused to Noble Metal	\$225.00
D6780	Crown – 3/4 Cast High Noble Metal	\$225.00
D6781	Crown – 3/4 Cast Predominantly Base Metal	\$210.00
D6782	Crown – 3/4 Cast Noble Metal	\$225.00
D6790	Crown – Full Cast High Noble Metal	\$225.00
D6791	Crown – Full Cast Predominantly Base Metal	\$210.00
D6792	Crown – Full Cast Noble Metal	\$225.00

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Code	Procedure Description	Patient Charge
	Complex Rehabilitation – ADDITIONAL CHARGE PER UNIT FOR MULTIPLE CROWN UNITS/ COMPLEX REHABILITATION <i>(6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)</i>	\$125.00
D6930	Recement Fixed Partial Denture	\$0.00
ENDODONTICS <i>(Root Canal Treatment, Excluding Final Restorations)</i>		
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$25.00
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$25.00
D3220	Pulpotomy – Removal of Pulp, Not Part of a Root Canal	\$50.00
D3221	Pulpal Debridement <i>(Not to be used when root canal is done on the same day)</i>	\$50.00
D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$170.00
D3320	Bicuspid Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$200.00
D3330	Molar Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$75.00
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$75.00
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	\$75.00
D3333	Internal Root Repair of Perforation Defects	\$75.00
D3346	Retreatment of Previous Root Canal Therapy Anterior	\$200.00
D3347	Retreatment of Previous Root Canal Therapy Bicuspid	\$250.00
D3348	Retreatment of Previous Root Canal Therapy Molar	\$350.00
D3410	Apicoectomy/Periradicular Surgery Anterior	\$150.00

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Code	Procedure Description	Patient Charge
D3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root)	\$150.00
D3425	Apicoectomy/Periradicular Surgery – Molar (First Root)	\$150.00
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$50.00
D3430	Retrograde Filling – Per Root	\$50.00
PERIODONTICS (<i>Treatment of Supporting Tissues [Gum and Bone] of the Teeth</i>)		
D0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$50.00
D4210	Gingivectomy or Gingivoplasty – 4 or More Teeth, Per Quadrant	\$250.00
D4211	Gingivectomy or Gingivoplasty – 1 to 3 Teeth, Per Quadrant	\$105.00
D4240	Gingival Flap, Including Root Planing – 4 or More Teeth, Per Quadrant	\$185.00
D4241	Gingival Flap, Including Root Planing – 1 to 3 Teeth, Per Quadrant	\$93.00
D4245	Apically Positioned Flap	\$185.00
D4249	Clinical Crown Lengthening – Hard Tissue	\$150.00
D4260	Osseous Surgery – 4 or More Teeth or Bounded Spaces, Per Quadrant	\$265.00
D4261	Osseous Surgery – 1 to 3 Teeth, Per Quadrant	\$160.00
D4263	Bone Replacement Graft – First Site in Quadrant	\$225.00
D4264	Bone Replacement Graft – Each Additional Site in Quadrant	\$175.00
D4266	Guided Tissue Regeneration – Resorbable Barrier, Per Site	\$295.00
D4267	Guided Tissue Regeneration – Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$150.00
D4270	Pedicle Soft Tissue Graft Procedure	\$150.00

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Code	Procedure Description	Patient Charge
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$150.00
D4275	Soft Tissue Allograft	\$150.00
D4341	Periodontal Scaling and Root Planing, Four or More Teeth or Bounded Teeth Spaces Per Quadrant <i>(Limit 4 Quadrants per Consecutive 12 Months)</i>	\$50.00
D4342	Periodontal Scaling and Root Planing – One to Three Teeth, Per Quadrant <i>(Limit 4 Quadrants per Consecutive 12 Months)</i>	\$40.00
D4355	Full Mouth Debridement to Allow Evaluation and Diagnosis <i>(1 Per Lifetime)</i>	\$50.00
D4381	Localized Delivery of Chemotherapeutic Agents, Per Tooth, By Report	\$60.00
D4910	Periodontal Maintenance <i>(Limit of 2 Within the First 12 Months After Active Therapy)</i>	\$50.00
D9940	Occlusal Guard – By Report	\$110.00
D9951	Occlusal Adjustment Limited	\$20.00
D9952	Occlusal Adjustment Complete	\$70.00
PROSTHETICS <i>(Removable Tooth Replacement – Dentures) (Includes Up to 4 Adjustments Within First 6 Months After Insertion – Replacement Limit 1 Every 5 Years)</i>		
D5110	Full Upper Denture	\$440.00
D5120	Full Lower Denture	\$440.00
D5130	Immediate Full Upper Denture	\$440.00
D5140	Immediate Full Lower Denture	\$440.00
D5211	Upper Partial Denture – Resin Base (Including Clasps, Rests and Teeth)	\$300.00
D5212	Lower Partial Denture – Resin Base (Including Clasps, Rests and Teeth)	\$300.00
D5213	Upper Partial Denture – Metal (Including Clasps, Rests and Teeth)	\$310.00

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Code	Procedure Description	Patient Charge
D5214	Lower Partial Denture – Metal (Including Clasps, Rests and Teeth)	\$310.00
D5410	Adjust Complete Denture Upper	\$15.00
D5411	Adjust Complete Denture Lower	\$15.00
D5421	Adjust Partial Denture Upper	\$15.00
D5422	Adjust Partial Denture Lower	\$15.00
REPAIRS TO PROSTHETICS		
D5510	Repair Broken Complete Denture Base	\$70.00
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	\$70.00
D5610	Repair Resin Denture Base	\$70.00
D5630	Repair or Replace Broken Clasp	\$75.00
D5640	Replace Broken Teeth – Per Tooth	\$70.00
D5650	Add Tooth to Existing Partial Denture	\$70.00
D5660	Add Clasp to Existing Partial Denture	\$75.00
DENTURE RELINING <i>(Limit 1 Every 36 Months)</i>		
D5710	Rebase Complete Upper Denture	\$155.00
D5711	Rebase Complete Lower Denture	\$155.00
D5720	Rebase Upper Partial Denture	\$155.00
D5721	Rebase Lower Partial Denture	\$155.00
D5730	Reline Complete Upper Denture (Chairside)	\$105.00
D5731	Reline Complete Lower Denture (Chairside)	\$105.00
D5740	Reline Upper Partial Denture (Chairside)	\$105.00
D5741	Reline Lower Partial Denture (Chairside)	\$105.00

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Code	Procedure Description	Patient Charge
D5750	Reline Complete Upper Denture (Laboratory)	\$155.00
D5751	Reline Complete Lower Denture (Laboratory)	\$155.00
D5760	Reline Upper Partial Denture (Laboratory)	\$155.00
D5761	Reline Lower Partial Denture (Laboratory)	\$155.00
INTERIM DENTURES <i>(Limit 1 Every 5 years)</i>		
D5810	Interim Complete Denture (Upper)	\$215.00
D5811	Interim Complete Denture (Lower)	\$215.00
D5820	Interim Partial Denture (Upper)	\$170.00
D5821	Interim Partial Denture (Lower)	\$170.00
ORAL SURGERY <i>(Includes Routine Post-Operative Treatment) – Surgical Removal of Impacted Tooth – Not Covered for Ages Below 15 Unless Pathology (Disease) Exists</i>		
D7111	Extraction of Coronal Remnants – Deciduous Tooth	\$15.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$15.00
D7210	Surgical Removal of Erupted Tooth – Removal of Bone and/or Section of Tooth	\$45.00
D7220	Removal of Impacted Tooth – Soft Tissue	\$110.00
D7230	Removal of Impacted Tooth – Partially Bony	\$155.00
D7240	Removal of Impacted Tooth – Completely Bony	\$225.00
D7241	Removal of Impacted Tooth – Completely Bony, Unusual Complications	\$225.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$105.00
D7260	Oroantral Fistula Closure	\$100.00
D7261	Primary Closure of a Sinus Perforation	\$100.00

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Code	Procedure Description	Patient Charge
D7270	Tooth Stabilization of Accidentally Evulsed or Displaced Tooth	\$125.00
D7280	Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth)	\$145.00
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth) (Tooth Related – Not allowed when in conjunction with another surgical procedure)	\$125.00
D7286	Biopsy of Oral Tissue – Soft (All Others) (Tooth Related – Not allowed when in conjunction with another surgical procedure)	\$100.00
D7310	Alveoloplasty with Extractions – Per Quadrant	\$100.00
D7320	Alveoloplasty not in Conjunction with Extractions – Per Quadrant	\$115.00
D7450	Removal of Benign Odontogenic Cyst or Tumor – Up to 1.25cm	\$160.00
D7451	Removal of Benign Odontogenic Cyst or Tumor – Greater than 1.25cm	\$160.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$135.00
D7472	Removal of Torus Palatinus	\$135.00
D7473	Removal of Torus Mandibularis	\$135.00
D7485	Surgical Reduction of Osseous Tuberosity	\$115.00
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	\$55.00
D7960	Frenulectomy (Frenectomy or Frenotomy) – Separate procedure	\$155.00
ORTHODONTICS (Tooth Movement) – Orthodontic Treatment (Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)		
D8050	Interceptive Orthodontic Treatment of the Primary Dentition (Banding)	\$275.00
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition (Banding)	\$275.00

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Code	Procedure Description	Patient Charge
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition (Banding)	\$300.00
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (Banding)	\$300.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (Banding)	\$300.00
D8660	Pre-Orthodontic Treatment Visit	\$40.00
D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)	
	Children (Up to 19th Birthday):	
	24 Month Treatment Fee	\$1,400.00
	Charge Per Month for 24 Months	\$58.33
	Adults:	
	24 Month Treatment Fee	\$1,500.00
	Charge Per Month for 24 Months	\$62.50
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$150.00
D8999	Unspecified Orthodontic Procedure, By Report (Orthodontic Treatment Plan and Records)	\$150.00

GENERAL ANESTHESIA/IV SEDATION – *General Anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV Sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is one hour per appointment.*

D9220	General Anesthesia – First 30 Minutes	\$115.00
D9221	General Anesthesia – Additional 15 Minutes	\$60.00
D9241	I.V. Conscious Sedation – First 30 Minutes	\$115.00
D9242	I.V. Conscious Sedation – Additional 15 Minutes	\$60.00

Code	Procedure Description	Patient Charge
EMERGENCY SERVICES		
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure	\$15.00
D9440	Office Visit – After Regularly Scheduled Hours	\$65.00
BROKEN APPOINTMENT – <i>(Note: This fee will not be charged if patient is unable to provide 24-hours' notice through no fault of his or her own.)</i>		
Broken Appointment – Less than 24-hour's Notice (Per 15-Minute Appointment)		
	Maximum Fee For Broken Appointment	\$10.00
	Sealant	\$10.00
	Prophylaxis	\$20.00
	Any Other Appointment	\$40.00